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Bib Data Sheet

CONFIRMATION NO. 2855

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/786,766 | FILING DATE<br>02/24/2004<br><br>RULE | CLASS<br>445 | GROUP ART UNIT<br>2879 | ATTORNEY DOCKET NO.<br>M-15317-2P US |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/754,365 01/08/2004 PAT 6,950,239  
 and is a CIP of 10/775,793 02/09/2004 PAT 6,950,237

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/15/2004

\*\* SMALL ENTITY \*\*

|  |   |                        |                       |                            |
|--|---|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no                            | STATE OR<br>COUNTRY<br>CA   | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance | Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> |                        |                       |                            |

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## TITLE

Method of making micro-field emitter device for flat panel display

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>421 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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